| Fill in this information to identify your case: | | |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF OHIO | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this is ar amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is or your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | First name A. Middle name Kuhnle, Jr. | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you ha used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | r xxx-xx-9431 | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 2315 Sheffield Drive | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Wood | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Official Form 101

No. Go to line 12.

bankruptcy petition.

Yes.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

| Deb | otor 1 Michael A. Kuhnle | e, Jr. | | | Case number (if known) | | |
|-----|---|------------------------------------|--|----------------------------|---|--|--|
| | | | | | | | |
| Par | t 3: Report About Any Bu | usinesses | You Own as a | Sole Proprie | tor | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part | 4. | | | |
| | | ☐ Yes. | Name and | location of bus | siness | | |
| | A sole proprietorship is a | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | usiness, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, S | treet, City, Sta | te & ZIP Code | | |
| | it to this petition. | | Check the | appropriate bo | ox to describe your business: | | |
| | · | | | | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | ☐ Sin | gle Asset Rea | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | ☐ Sto | ockbroker (as c | lefined in 11 U.S.C. § 101(53A)) | | |
| | | | ☐ Co | mmodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | ☐ No | ne of the abov | е | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation in 11 U.S | you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate eadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of perations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 11 U.S.C. 1116(1)(B). | | | | |
| | For a definition of small | No. | I am not fil | ing under Cha _l | oter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing Code. | under Chapter | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am filing | under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: Report if You Own or | r Have An | v Hazardous P | Property or An | y Property That Needs Immediate Attention | | |
| | Do you own or have any | ■ No. | y Huzurdous I | Topolty of All | y Froperty Francisco miniculate Attention | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | | | |
| | of imminent and identifiable hazard to | □ res. | What is the h | azard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | If immediate needed, why | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs | | Where is the | property? | | | |
| | urgent repairs? | | | | | | |
| | | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |
| | | | | | | | |

Debtor 1 Michael A. Kuhnle, Jr. Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

П

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

| Deb | otor 1 Michael A. Kuhnle | , Jr. | | Case number (if k | nown) | |
|-------------|---|---|---|---|---|--|
| ar | 6: Answer These Questi | ons for Re | eporting Purposes | | | |
| | What kind of debts do you have? | 16a. | Are your debts primarily consume individual primarily for a personal, | ner debts? Consumer debts are defined i family, or household purpose." | in 11 U.S.C. § 101(8) as "incurred by an | |
| | | | ☐ No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16b. | | ss debts? Business debts are debts that or through the operation of the business | | |
| | | | ☐ No. Go to line 16c. | | | |
| | | | ☐ Yes. Go to line 17. | | | |
| | | 16c. | State the type of debts you owe th | at are not consumer debts or business de | bts | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. Go | o to line 18. | | |
| a F a | Do you estimate that after any exempt property is excluded and administrative expenses | ■ Yes. | I am filing under Chapter 7. Do you are paid that funds will be available No | u estimate that after any exempt property e to distribute to unsecured creditors? | is excluded and administrative expenses | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-19 □ 200-99 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | |
| 19. | How much do you estimate your assets to be worth? | □ \$100,0 | 50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | |
| 20. | How much do you estimate your liabilities to be? | □ \$100,0 | 50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion | |
| ar | t7: Sign Below | | | | | |
| or | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | |
| | | I request | relief in accordance with the chapte | er of title 11, United States Code, specified | d in this petition. | |
| | | | cy case can result in fines up to \$25 | ealing property, or obtaining money or pro 60,000, or imprisonment for up to 20 years | | |
| Mic | | Michael | ael A. Kuhnle, Jr. A. Kuhnle, Jr. of Debtor 1 | Signature of Debtor 2 | | |
| | | Executed | on <u>January 15, 2020</u> MM / DD / YYYY | Executed on MM / DD | D/YYYY | |

| Debtor 1 | Michael A. Kuhnle, Jr. | Case number (if known) | |
|----------|------------------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Edward L. Schimmel Signature of Attorney for Debtor | Date | January 15, 2020 MM / DD / YYYY |
|---|---------------|------------------------------------|
| Edward L. Schimmel 0076856 | | |
| Law Office of Edward L. Schimmel | | |
| 715 S. Coy Rd. Oregon, OH 43616 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (419) 693-0911 | Email address | Schimmel@Northwood.net |
| 0076856 OH Bar number & State | | |

| Fill | in this inform | ation to identify your | case: | | | |
|----------|---|--|--|--|--------------------|----------------|
| | otor 1 | Michael A. Kuhnl | | | | |
| | | First Name | Middle Name | Last Name | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ted States Banl | kruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Cas | e number | | | | | |
| (if kn | | | | | _ | if this is an |
| <u> </u> | | | | | ameno | led filing |
| Ot∙ | ficial Fam | m 106Cum | | | | |
| | | m 106Sum | and I iahilities ar | nd Certain Statistical Informatio | n 1 | 2/15 |
| Be a | s complete ar mation. Fill or original form | nd accurate as possibut all of your schedul | ole. If two married people es first; then complete the | e are filing together, both are equally responsible information on this form. If you are filing among the box at the top of this page. | le for supplyin | g correct |
| | | | | | Your as | ssets |
| | | | | | | f what you own |
| 1. | Schedule A/I | B: Property (Official F | orm 106A/B) | | \$ | 0.00 |
| | | | | | | 8,580.00 |
| | | | | | | 8,580.00 |
| Par | | rize Your Liabilities | • | | · | -, |
| Ган | Julillia | nize rour Liabilities | | | V 1' - | J. 1110 |
| | | | | | Your lia Amount | you owe |
| 2. | | | laims Secured by Property mn A. Amount of claim, at | (Official Form 106D) the bottom of the last page of Part 1 of Schedule D | o \$ | 6,000.00 |
| 3. | ., | • | Unsecured Claims (Officia | . • | | |
| 0. | | | | ns) from line 6e of Schedule E/F | \$ | 4,932.01 |
| | 3b. Copy the | total claims from Part | 2 (nonpriority unsecured c | laims) from line 6j of Schedule E/F | \$ | 50,116.29 |
| | | | | Your total liabilit | ies \$ | 61,048.30 |
| | | | | rour total nabine | <u> </u> | 01,040.30 |
| Par | t 3: Summa | rize Your Income and | l Expenses | | | |
| 4. | | our Income (Official Fo | |) I | \$ | 2,857.61 |
| 5. | | Your Expenses (Officia onthly expenses from li | , | | \$ | 2,851.00 |
| Par | 4: Answer | These Questions for | Administrative and Stati | istical Records | | |
| 6. | | | er Chapters 7, 11, or 13? | | | |
| 0. | - | | • | heck this box and submit this form to the court with | your other sch | edules. |
| | Yes | | | | | |
| 7. | What kind of | debt do you have? | | | | |
| | | | | debts are those "incurred by an individual primarily of for statistical purposes. 28 U.S.C. § 159. | for a personal, | family, or |

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

the court with your other schedules.

page 1 of 2

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,689.12

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clai | m |
|--|------------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 4,422.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 4,422.00 |

| Debtor (Spouse, | · 1 | Michael A. Kuhnle, Jr. | | | |
|--------------------|--|--|---|---|---|
| | | First Name | Middle Name Last Name | | |
| (Opouse, | | First Name | Middle Name Last Name | | |
| | . 0, | | | | |
| United | States I | Bankruptcy Court for the: NOR1 | THERN DISTRICT OF OHIO | | |
| Case r | number | | | | ☐ Check if this is ar |
| | | | | | amended filing |
| | | | | | |
| Offic | ial F | orm 106A/B | | | |
| Sch | edu | Ile A/B: Property | v | | 12/15 |
| | | | List an asset only once. If an asset fits in more the | han one category, list the asset in | |
| nforma | | ore space is needed, attach a separ | ossible. If two married people are filing together, bate sheet to this form. On the top of any additiona | | |
| Part 1: | Describ | be Each Residence, Building, Land, | or Other Real Estate You Own or Have an Interest | : In | |
| . Do vo | ou own o | or have any legal or equitable interes | st in any residence, building, land, or similar prope | erty? | |
| - | | | 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, | - | |
| _ | o. Go to F | | | | |
| ⊔ Ye | es. Wher | e is the property? | | | |
| | | | | | |
| Part 2: | Describ | be Your Vehicles | | | |
| □ N | 0 | | | | |
| ■ Ye | es | | | | |
| | es Make: | Jeep | Who has an interest in the property? Check one | | laims or exemptions. Put |
| 3.1 | | Jeep Cherokee | _ | the amount of any secure | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| 3.1 | Make: | | Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only | the amount of any secure | ed claims on Schedule D: ims Secured by Property. |
| 3.1 | Make: Model: Year: Approxim | Cherokee 2010 nate mileage: 161,000 | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: ims Secured by Property. |
| 3.1 | Make: Model: Year: Approxim | Cherokee 2010 | Debtor 1 only Debtor 2 only | the amount of any secure Creditors Who Have Cla. Current value of the | ed claims on Schedule D: ims Secured by Property. Current value of the |
| 3.1 | Make: Model: Year: Approxim | Cherokee 2010 nate mileage: 161,000 | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | the amount of any secure Creditors Who Have Cla. Current value of the | ed claims on Schedule D: ims Secured by Property. Current value of the |
| 3.1 | Make: Model: Year: Approxim Other info | Cherokee 2010 nate mileage: 161,000 ormation: | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property | the amount of any secure Creditors Who Have Cla. Current value of the entire property? \$6,000.00 | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$6,000.00 |
| 3.1 | Make: Model: Year: Approxim | Cherokee 2010 nate mileage: 161,000 ormation: | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property | the amount of any secure Creditors Who Have Cla. Current value of the entire property? \$6,000.00 Do not deduct secured of the amount of any secure. | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$6,000.00 Itaims or exemptions. Put ed claims on Schedule D: |
| 3.1 | Make: Model: Year: Approxim Other info | Cherokee 2010 nate mileage: 161,000 ormation: Ford F150 | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one ■ Debtor 1 only | the amount of any secure Creditors Who Have Cla. Current value of the entire property? \$6,000.00 Do not deduct secured of the amount of any secure. | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$6,000.00 |
| 3.1 | Make: Model: Year: Approxim Other info | Cherokee 2010 nate mileage: 161,000 ormation: Ford F150 2003 | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only | the amount of any secure Creditors Who Have Cla. Current value of the entire property? \$6,000.00 Do not deduct secured of the amount of any secure Creditors Who Have Cla. Current value of the | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$6,000.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the |
| 3.1 | Make: Model: Year: Approxim Other info | Cherokee 2010 nate mileage: 161,000 ormation: Ford F150 | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | the amount of any secure Creditors Who Have Cla. Current value of the entire property? \$6,000.00 Do not deduct secured of the amount of any secure Creditors Who Have Cla. | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$6,000.00 Itaims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| 3.1 | Make: Model: Year: Approxim Other info | Cherokee 2010 nate mileage: 161,000 ormation: Ford F150 2003 nate mileage: | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only | the amount of any secure Creditors Who Have Cla. Current value of the entire property? \$6,000.00 Do not deduct secured of the amount of any secure Creditors Who Have Cla. Current value of the entire property? | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$6,000.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| 3.1 | Make: Model: Year: Approxim Other info | Cherokee 2010 nate mileage: 161,000 ormation: Ford F150 2003 nate mileage: ormation: down/Not in his | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property | the amount of any secure Creditors Who Have Cla. Current value of the entire property? \$6,000.00 Do not deduct secured of the amount of any secure Creditors Who Have Cla. Current value of the | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$6,000.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the |
| 3.1 | Make: Model: Year: Approxim Other info | Cherokee 2010 nate mileage: 161,000 ormation: Ford F150 2003 nate mileage: ormation: down/Not in his | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | the amount of any secure Creditors Who Have Cla. Current value of the entire property? \$6,000.00 Do not deduct secured of the amount of any secure Creditors Who Have Cla. Current value of the entire property? | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$6,000.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| 3.1 | Make: Model: Year: Approxim Other info | Cherokee 2010 nate mileage: 161,000 ormation: Ford F150 2003 nate mileage: ormation: down/Not in his ssion | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) | the amount of any secure Creditors Who Have Cla. Current value of the entire property? \$6,000.00 Do not deduct secured of the amount of any secure Creditors Who Have Cla. Current value of the entire property? \$0.00 | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$6,000.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| 3.1 3.2 | Make: Model: Year: Approxim Other info | Cherokee 2010 nate mileage: 161,000 ormation: Ford F150 2003 nate mileage: ormation: down/Not in his ssion aircraft, motor homes, ATVs an | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property | the amount of any secure Creditors Who Have Cla. Current value of the entire property? \$6,000.00 Do not deduct secured of the amount of any secure Creditors Who Have Cla. Current value of the entire property? \$0.00 | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$6,000.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |

Official Form 106A/B Schedule A/B: Property page 1

| De | Michael A. Kuhnle | , Jr. | Case number (if known) | |
|-----|---|---|--|---|
| | | rtion you own for all of your entries from Part 2. Write that number here | | \$6,000.00 |
| | A December 19 and 19 | He and all the man | | |
| | o you own or have any legal or | equitable interest in any of the following | ; items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Household goods and furnish Examples: Major appliances, fu □ No ■ Yes. Describe | ngs niture, linens, china, kitchenware | | |
| | Misc | . Furniture | | \$500.00 |
| | | os; audio, video, stereo, and digital equipmes, cameras, media players, games | ent; computers, printers, scanners; music co | ollections; electronic devices |
| | Mico | Electronics | | \$150.00 |
| | IVIISO | . Electronics | | φ130.00 |
| | | es; paintings, prints, or other artwork; books morabilia, collectibles | , pictures, or other art objects; stamp, coin, | or baseball card collections; |
| | Equipment for sports and hob Examples: Sports, photographic musical instruments No Yes. Describe | bies , exercise, and other hobby equipment; bic | ycles, pool tables, golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| 10. | Firearms Examples: Pistols, rifles, shotg ■ No □ Yes. Describe | uns, ammunition, and related equipment | | |
| | Clothes Examples: Everyday clothes, f □ No ■ Yes. Describe | urs, leather coats, designer wear, shoes, ac | ccessories | |
| | Misc | . Clothing | | \$300.00 |
| | Jewelry Examples: Everyday jewelry, c ■ No □ Yes. Describe | ostume jewelry, engagement rings, weddin | g rings, heirloom jewelry, watches, gems, g | old, silver |
| | Non-farm animals Examples: Dogs, cats, birds, h No ☐ Yes. Describe | orses | | |
| | Any other personal and hous No □ Yes. Give specific information | ehold items you did not already list, incl | uding any health aids you did not list | |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor 1 | Michael A. Kuhnle, Jr. | Case number (if known) | |
|----------------|--|---|---|
| (F A.J.) | the delleviolite of all of trem outside from I | Dant 2 in abouting any autimate for some one bourse that a | |
| | Part 3. Write that number here | Part 3, including any entries for pages you have attached | \$950.00 |
| art 4: De | escribe Your Financial Assets | | |
| Do you o | wn or have any legal or equitable interest i | n any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | oples: Money you have in your wallet, in your h | ome, in a safe deposit box, and on hand when you file your petitio | n |
| - res. | | Cash | \$30.0 |
| | sits of money apples: Checking, savings, or other financial account institutions. If you have multiple account | counts; certificates of deposit; shares in credit unions, brokerage he s with the same institution, list each. | ouses, and other similar |
| | | Institution name: | |
| | s, mutual funds, or publicly traded stocks aples: Bond funds, investment accounts with br | rokerage firms, money market accounts | |
| | Institution or issuer | name: | |
| joint | oublicly traded stock and interests in incorp venture | porated and unincorporated businesses, including an interest | in an LLC, partnership, ar |
| ■ No □ Yes. | . Give specific information about them | | |
| | Name of entity: | % of ownership: | |
| Nego Non-r | rnment and corporate bonds and other neg tiable instruments include personal checks, ca negotiable instruments are those you cannot tr | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. | |
| ■ No □ Yes. | . Give specific information about them Issuer name: | | |
| | ment or pension accounts apples: Interests in IRA, ERISA, Keogh, 401(k), | 403(b), thrift savings accounts, or other pension or profit-sharing p | olans |
| ■ Yes | . List each account separately. Type of account: | Institution name: | |
| | 401 (k) | FedEx | Unknow |
| | Poncion | EndEv | Unknow |
| | Pension | FedEx | Unknow |
| Your : Exam | | o that you may continue service or use from a company , public utilities (electric, gas, water), telecommunications compani | es, or others |
| ■ No □ Yes. | | Institution name or individual: | |
| | | ney to you, either for life or for a number of years) | |
| ■ No □ Yes. | Issuer name and description. | | |
| 4. Interes | sts in an education IRA, in an account in a o | qualified ABLE program, or under a qualified state tuition pro | gram. |

Official Form 106A/B Schedule A/B: Property
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page 3
Best Case Bankruptcy

| De | ebtor 1 Mi | chael A. Kuhnle, Jr. | | Case number (if k | nown) |
|-----|-------------------|---|---|---------------------------------------|---|
| | 26 U.S.C. §§ | 530(b)(1), 529A(b), and 529 | (b)(1). | | |
| | ■ No □ Yes | Institution name an | d description. Separately file the red | cords of any interests.11 U.S.C. § 5 | 521(c): |
| | Trusts, equ | itable or future interests in | property (other than anything list | ted in line 1), and rights or powe | rs exercisable for your benefit |
| | ☐ Yes. Give | e specific information about the | nem | | |
| | Examples: ■ No | | secrets, and other intellectual pricites, proceeds from royalties and lie | | |
| | | | | | |
| 27. | | ranchises, and other gener. Building permits, exclusive lid | al intangibles enses, cooperative association hole | dings, liquor licenses, professional | licenses |
| | ☐ Yes. Give | e specific information about the | em | | |
| М | oney or prop | erty owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds ■ No | s owed to you | | | |
| | ☐ Yes. Give | specific information about th | em, including whether you already f | iled the returns and the tax years | |
| | □ No | Past due or lump sum alimor specific information | y, spousal support, child support, m | aintenance, divorce settlement, pr | operty settlement |
| | | | Back Owed Support | Child Sup | port \$1,600.00 |
| | Examples: ■ No | unts someone owes you Unpaid wages, disability insu benefits; unpaid loans you m e specific information | rance payments, disability benefits, ade to someone else | sick pay, vacation pay, workers' c | compensation, Social Security |
| | Examples: ■ No | • | ance; health savings account (HSA) |); credit, homeowner's, or renter's i | nsurance |
| | ☐ Yes. Nam | e the insurance company of Company r | | Beneficiary: | Surrender or refund value: |
| | | ne beneficiary of a living trust | u from someone who has died expect proceeds from a life insurar | nce policy, or are currently entitled | to receive property because |
| | | e specific information | | | |
| | Examples: | | or not you have filed a lawsuit or ites, insurance claims, or rights to s | | |

Official Form 106A/B Schedule A/B: Property page 4

Official Form 106A/B Schedule A/B: Property page 5

| ill in this information to identify your case: | | | | | | |
|--|--------------------------------|--|--|--|--|--|
| Michael A. Kuhnl | e, Jr. | | | | | |
| First Name | Middle Name | Last Name | | | | |
| | | | | | | |
| First Name | Middle Name | Last Name | | | | |
| kruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | | | |
| | | | | ☐ Check if this is an | | |
| | | | | amended filing | | |
| | Michael A. Kuhnl First Name | Michael A. Kuhnle, Jr. First Name Middle Name First Name Middle Name | Michael A. Kuhnle, Jr. First Name Middle Name Last Name First Name Middle Name Last Name | Michael A. Kuhnle, Jr. First Name Middle Name Last Name First Name Middle Name Last Name | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions ar | e you claiming? | ? Check one only | even if | vour spouse is filin | a with vou |
|----|----------------------------|-----------------|------------------|---------|----------------------|------------|
| | | | | | | |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|--|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Misc. Furniture Line from Schedule A/B: 6.1 | \$500.00 | | \$500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| Elle Holli ochedale PVB. G.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(1)(4)(4) |
| Misc. Electronics Line from Schedule A/B: 7.1 | \$150.00 | | \$150.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| Line from Genedate AVD. The | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(1)(4)(0) |
| Misc. Clothing Line from Schedule A/B: 11.1 | \$300.00 | | \$300.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| Ellie II olii ochedale 242. TTT | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(^)(*)(a) |
| Cash Line from Schedule A/B: 16.1 | \$30.00 | | \$30.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) |
| Line noin <i>Schedule A/D</i> . 10.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(0) |
| 401 (k): FedEx Line from Schedule A/B: 21.1 | Unknown | | 100% | Ohio Rev. Code Ann. § 2329.66(A)(10)(b) |
| LINE HOLL SCHEUUIG PAD. Z1.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(10)(D) |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| De | ebtor 1 Michael A. Kuhnle, Jr. | | | Case number (if known) | |
|----|--|---|--------|---|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim Sportion you own | | | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | 401 (k): FedEx Line from Schedule A/B: 21.1 | Unknown | | 100% | Ohio Rev. Code Ann. § 2329.66(A)(10)(d) |
| | Ellic Holli Golleddie 702. 2111 | | | 100% of fair market value, up to any applicable statutory limit | 2020100(13)(10)(2) |
| | Pension: FedEx Line from Schedule A/B: 21.2 | Unknown | | 100% | Ohio Rev. Code Ann. § 2329.66(A)(10)(b) |
| | Line nom Schedule Add. 21.2 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(10)(b) |
| | Child Support: Back Owed Support Line from Schedule A/B: 29.1 | \$1,600.00 | | \$1,600.00 | Ohio Rev. Code Ann. § 2329.66(A)(11) |
| | Line nom <i>Schedule Alb.</i> 23.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(11) |
| | Garnishment from Mohamed S. Kassem/ Case No CVG-19-07713 | Unknown | | Unknown | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| | Line from Schedule A/B: 33.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(10) |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every 3 | | | ed on or after the date of adjustmen | nt.) |
| | Yes. Did you acquire the property covere | ed by the exemption wi | thin 1 | 215 days before you filed this case | ? |
| | □ No | | | | |
| | Π Yes | | | | |

| Fill in this information to identify | vour case: | | | | |
|---|--|-------------|--|--|--------------------------|
| Debtor 1 Michael A. K | | | | | |
| First Name | · · · · · · · · · · · · · · · · · · · | t Name | | - | |
| Debtor 2 | Attalia Nassa | 4 N | | - | |
| (Spouse if, filing) First Name | Middle Name Las | t Name | | | |
| United States Bankruptcy Court for | the: NORTHERN DISTRICT OF OHIO | | | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check | c if this is an |
| | | | | amen | ded filing |
| Official Form 106D | | | | | |
| | ma Wha Hayra Claima Sa | aa.al | by Dropout | | 4044 |
| Schedule D: Credito | rs Who Have Claims Se | curea | by Propert | <u>y </u> | 12/15 |
| | ole. If two married people are filing together, bo I it out, number the entries, and attach it to thi | | | | |
| 1. Do any creditors have claims secure | d by your property? | | | | |
| \square No. Check this box and subm | nit this form to the court with your other sche | edules. You | u have nothing else t | to report on this form. | |
| Yes. Fill in all of the informati | on below. | | | | |
| Part 1: List All Secured Claims | | | | | |
| | as more than one secured claim, list the creditor | separately | Column A | Column B | Column C |
| for each claim. If more than one creditor | has a particular claim, list the other creditors in Probetical order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Nationwide Auto Finance | Describe the property that secures the cl | aim: | \$6,000.00 | \$6,000.00 | \$0.00 |
| Creditor's Name | 2010 Jeep Cherokee 161,000 mil | les | | | |
| 0404 W I. W. B I | As of the date you file, the claim is: Check | all that | | | |
| 2121 Woodville Road Oregon, OH 43616 | apply. | | | | |
| Number, Street, City, State & Zip Code | _ ☐ Contingent ☐ Unliquidated | | | | |
| Number, Street, City, State & Zip Code | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | An agreement you made (such as mortg | age or secu | red | | |
| ☐ Debtor 2 only | car loan) | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | c's lien) | | | |
| At least one of the debtors and anoth | | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | :0 | | | |
| Date debt was incurred XXXX | Last 4 digits of account number | xxxx | | | |
| Add the dollar value of your option | n Column A on this page. Write that number h | oro: | \$6,00 | 00.00 | |
| • | n Column A on this page. Write that number n add the dollar value totals from all pages. | CIC. | | | |
| Write that number here: | | | \$6,00 | 00.00 | |
| Part 2: List Others to Be Notified | for a Debt That You Already Listed | | | | |
| | | | Local Bara Da Bara | | |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

| Fil | l in this inform | nation to identify your | case: | | | | | | | | |
|---------------------|--|---|--|--|--------------------------------|-------------|----------|-----------------------|----------------------|----------------|-----------|
| De | btor 1 | Michael A. Kuhnle | e, Jr. | | | | | | | | |
| | | First Name | Midd | le Name | Last Nam | Э | | | | | |
| | ebtor 2 ouse if, filing) | First Name | Midd | le Name | Last Nam | Э | | | | | |
| Un | ited States Bar | nkruptcy Court for the: | NORTHE | ERN DISTRICT OF | F OHIO | | | | | | |
| | | mapley Coult let uie. | | | | | | | | | |
| | se number | | | | | | | | _ | k if this is a | an |
| _ | | | | | | | | | | | |
| | ficial Form | | | | | | | | | 404 | . = |
| | | /F: Creditors W | | | | | | | | 12/1 | |
| Sch left. nan | edule D: Credito Attach the Conne and case nun It 1: List Al | ll of Your PRIORITY Un | ured by Pro je. If you ha isecured C | perty. If more space ve no information to claims | e is needed, co | py the Par | rt you | need, fill it out, | number the entries | in the boxe | es on the |
| 1. | _ ′ | ors have priority unsecure | d claims ag | ainst you? | | | | | | | |
| | No. Go to Pa | art 2. | | | | | | | | | |
| | Yes. | priority unsecured claims | | | | | | | | | |
| | possible, list the Part 1. If more t | ne of claim it is. If a claim hat a claim hat a claims in alphabetical order than one creditor holds a partion of each type of claim, s | er according articular clain | to the creditor's nam n, list the other credit | e. If you have nors in Part 3. | ore than tw | wo prio | | | | ige of |
| 2.4 | City of 7 | Falada | | 1 t | | | | £4.022.04 | amount | amount | |
| 2.1 | | editor's Name | | Last 4 digits of ac | count number | XXXX | — - | \$4,932.01 | \$4,932.0 | <u> </u> | \$0.00 |
| | | Taxation | | When was the del | bt incurred? | 2015, 2 | 2016, | 2017 | - | | |
| | One Go | vernment Center | | | | | | | | | |
| | | OH 43604 | | | | | | | | | |
| | | treet City State Zip Code | | As of the date you | u file, the claim | is: Check | all that | apply | | | |
| | _ | the debt? Check one. | | ☐ Contingent | | | | | | | |
| | Debtor 1 o | • | | ☐ Unliquidated | | | | | | | |
| | Debtor 2 o | | | ☐ Disputed | | • | | | | | |
| | _ | nd Debtor 2 only | | Type of PRIORITY ☐ Domestic support | | ıım: | | | | | |
| | _ | e of the debtors and anothe | | | | | | | | | |
| | | his claim is for a commu | nity debt | ☐ Taxes and certa☐ Claims for death | | | - | | | | |
| | Is the claim s | subject to offset? | | _ | | | | ommissions | | | |
| | ☐ Yes | | | Other. Specify | City of Tol | | | JIIIIII3310113 | | _ | |
| | | | | | | | | | | | |
| | mt On Lint Al | II of Vous NONDDIODIT | V II | na d Claima | | | | | | | |
| | | Il of Your NONPRIORIT | | | | | | | | | |
| 3. | _ | ors have nonpriority unsec | | • | | | | | | | |
| | | ve nothing to report in this p | art. Submit t | his form to the court | with your other | schedules. | | | | | |
| | Yes. | | | | | | | | | | |
| 4. | unsecured clain | nonpriority unsecured cl m, list the creditor separatel or holds a particular claim, i | y for each cla | aim. For each claim l | isted, identify w | nat type of | claim i | t is. Do not list cla | aims already include | d in Part 1. I | If more |

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 8

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45870

| Capital One | Last 4 digits of account number XXXX | \$622.0 |
|--|---|------------|
| Nonpriority Creditor's Name | | |
| Po Box 6492 Carol Stream, IL 60197 | When was the debt incurred? 2015 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit card purchases | |
| CNAC IN101 | Last 4 digits of account number XXXX | \$7,493.00 |
| Nonpriority Creditor's Name | When was the debt incurred? 2012 | |
| 12802 Hamilton Crossing Blvd Carmel, IN 46032 | When was the debt incurred? 2012 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ■ Yes | | |
| □ Yes | ■ Other. Specify Repo'd Auto | |
| Commonwealth Financial Nonpriority Creditor's Name | Last 4 digits of account number XXXX | \$145.00 |
| 245 Main Street | When was the debt incurred? XXXX | |
| Scranton, PA 18519 | As af the date were file the place in Observation where | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| — NO | _ Collection Account-Mercy Health St. | |
| ☐ Yes | Other. Specify Vincent Hospital | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 8

| r 1 Michael A. Kuhnle, Jr. | | Case number (if known) | | | | |
|---|--|--|-------------|--|--|--|
| Dept. of Ed./Nelnet | Last 4 digits of account number | Various Accounts | \$4,422.00 | | | |
| Nonpriority Creditor's Name 3015 Parker Road Suite 400 | When was the debt incurred? | 2011 | | | | |
| Aurora, CO 80014 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | | |
| ☐ Check if this claim is for a community | Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| Yes | Other. Specify | | | | | |
| | Student Lo | ans | | | | |
| | | Various | | | | |
| First Premier Bank | Last 4 digits of account number | Accounts | \$1,864.00 | | | |
| Nonpriority Creditor's Name 3820 N. Louise Ave. | When was the debt incurred? | 2017 | | | | |
| Sioux Falls, SD 57107 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| Yes | Other. Specify Credit card | purchases | | | | |
| Global Lending Service | Last 4 digits of account number | xxxx | \$12,495.00 | | | |
| Nonpriority Creditor's Name PO Box 10437 Greenville, SC 29603 | When was the debt incurred? | 2018 | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| □Yes | ■ Other. Specify Repo'd Aut | 0 | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 8

Best Case Bankruptcy

| KeyBridge | Last 4 digits of account number | Various Accounts | \$2,336.00 |
|--|---|--|---|
| Nonpriority Creditor's Name Po Box 1568 | When was the debt incurred? | XXXX | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Lima, OH 45802 | _ | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | | Account-Promedica Toledo Promedica Physicians Group | |
| Kohls | Last 4 digits of account number | xxxx | \$583.00 |
| Nonpriority Creditor's Name Po Box 2983 | When was the debt incurred? | www. | |
| Milwaukee, WI 53201 | when was the debt incurred? | XXXX | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify Credit card | purchases | |
| LVNV Funding | Last 4 digits of account number | XXXX | \$848.00 |
| Nonpriority Creditor's Name Po Box 10497 | When was the debt incurred? | xxxx | |
| Greenville, SC 29603 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| _ | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| At least one of the debtors and another | Student loans | u Claiii. | |
| Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharin | | |
| Yes | Collection | Account-Credit One Bank | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 8

| Merchants Finance Co. | Last 4 digits of account number | xxxx | \$1,817.29 |
|---|--|---|------------|
| Nonpriority Creditor's Name 6073 W. 44th Ave., Ste. 305 Wheat Ridge, CO 80033 | When was the debt incurred? | xxxx | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | ■ Other. Specify Krishna Ve | Account-Huntington Bank & layudhan, Esq. | |
| Merrick Bank | Last 4 digits of account number | xxxx | \$1,839.00 |
| Nonpriority Creditor's Name Po Box 1500 Draper, UT 84020 | When was the debt incurred? | 2017 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| □ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Credit card | l purchases | |
| Mohamed S. Kassem | Last 4 digits of account number | xxxx | \$8,767.00 |
| Nonpriority Creditor's Name Po Box 350672 | When was the debt incurred? | xxxx | |
| Toledo, OH 43635 | _ | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| _ | Пол | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | Student loans | a viaini. | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | | Ahmad Kassem, Esq. | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 8

| Debu | or 1 Michael A. Kuhnle, Jr. | Case number (if known) | |
|----------|--|--|------------|
| 4.1 3 | NCB Management Services | Last 4 digits of account number XXXX | \$1,583.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? XXXX | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ NO | Collection Account-Rise Credit Services of | |
| | ☐ Yes | Other. Specify Ohio | |
| 4.1 | Portfolio Recovery | Last 4 digits of account number XXXX | \$490.00 |
| | Nonpriority Creditor's Name | | |
| | 120 Corporate Blvd., 100 Norfolk, VA 23502 | When was the debt incurred? XXXX | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection Account-Synchrony Bank | |
| 4.1 | | | |
| 5 | Verizon Wireless Nonpriority Creditor's Name | Last 4 digits of account number XXXX | \$4,812.00 |
| | Po Box 26055 Minneapolis, MN 55426 | When was the debt incurred? 2014 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No □ Yes | | |
| | □ Tes | Other. Specify Cell Phone | |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Official Form 106 E/F

On which entry in Part 1 or Part 2 did you list the original creditor?

Schedule E/F: Creditors Who Have Unsecured Claims

Page 6 of 8

| Debtor 1 Michael A. Kuhnle, Jr. | | Case number (if known) |
|--|--|--|
| Ahmad Kassem, Esq. Po Box 350672 Toledo, OH 43635 | Line 4.12 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| , | Last 4 digits of account number | |
| Name and Address Credit One Bank Po Box 98872 Las Vegas, NV 89193 | On which entry in Part 1 or Part 2 or Line 4.9 of (<i>Check one</i>): | did you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| 243 Vegas, IVV 03 133 | Last 4 digits of account number | |
| Name and Address JEFFREY COLTURI, ESQ. ONE GOVERNMENT CENTER SUITE 2070 TOLEDO, OH 43604 | On which entry in Part 1 or Part 2 or Line 2.1 of (<i>Check one</i>): | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address KRISHNA VELAYUDHAN, ESQ. 4645 Executive Dr Columbus, OH 43220 | On which entry in Part 1 or Part 2 of Line 4.10 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Rise Credit P.O. Box 679900 Dallas, TX 75267 | On which entry in Part 1 or Part 2 or Line 4.13 of (<i>Check one</i>): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address St. Vincent Hospital Po Box 630584 Cincinnati, OH 45263 | On which entry in Part 1 or Part 2 of Line 4.3 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Synchrony Bank Po Box 960061 Orlando, FL 32896 | On which entry in Part 1 or Part 2 of Line 4.14 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Toledo Hospital Po Box 630346 Cincinnati, OH 45263 | On which entry in Part 1 or Part 2 of Line 4.7 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|----------------------------|
| Total claims | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 4,932.01 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 4,932.01 |
| Total | 6f. | Student loans | 6f. | \$ Total Claim 4,422.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 7 of 8

- Other. Add all other nonpriority unsecured claims. Write that amount here.
- ij. Total Nonpriority. Add lines 6f through 6i.
- 6i. **\$ 45,694.29**
- 6j. \$ **50,116.29**

Schedule E/F: Creditors Who Have Unsecured Claims

| Fill in this infor | | | | | |
|---|------------|-------------------|-----------|--|-----------------------|
| Debtor 1 Michael A. Kuhnle, Jr. | | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF OHIO | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

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| Fill in this | s information to identify your | case: | | |
|---|---|---|--|---|
| Debtor 1 | Michael A. Kuhnle First Name | e, Jr. Middle Name | Last Name | |
| Debtor 2 (Spouse if, fili | ling) First Name | Middle Name | Last Name | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRIC | T OF OHIO | |
| Case num | nber | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | |
| Sched | dule H: Your Cod | ebtors | | 12/15 |
| people are fill it out, a your name | e filing together, both are equand number the entries in the e and case number (if known) | ally responsible for sup boxes on the left. Attac . Answer every question | plying correct informat h the Additional Page t n. | s complete and accurate as possible. If two married ion. If more space is needed, copy the Additional Page, o this page. On the top of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. |
| ■ No □ Yes | | | | |
| | thin the last 8 years, have you na, California, Idaho, Louisiana, | | | y? (Community property states and territories include ington, and Wisconsin.) |
| | o. Go to line 3. s. Did your spouse, former spou | use, or legal equivalent liv | ve with you at the time? | |
| in line Form | e 2 again as a codebtor only i | f that person is a guara | ntor or cosigner. Make | if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zl | P Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line |
| - | Number Street City | State | ZIP Code | _ |
| 3.2 | Name | | | □ Schedule D, line □ Schedule E/F, line □ Schedule G, line |
| - | Number Street City | State | ZIP Code | _ |

| Fill | in this information to identify your | case: | | | | | | | |
|--------------------|---|---|---|--------------------|----------------|--|-------------------------|--------------------------------|-----------------|
| Del | btor 1 Michael A. | Kuhnle, Jr. | | | _ | | | | |
| | btor 2 puse, if filing) | | | | | | | | |
| Uni | ited States Bankruptcy Court for th | e: NORTHERN DISTRIC | CT OF OHIO | | _ | | | | |
| | se number | | - | | | Check if this is: An amende A supplement 13 income a | ent showin | ng postpetition ollowing date: | |
| 0 | fficial Form 106l | | | | | MM / DD/ Y | YYY | | |
| S | chedule I: Your Ind | ome | | | | | | | 12/15 |
| sup spo atta | as complete and accurate as posphying correct information. If you use. If you are separated and you cha separate sheet to this form. Describe Employment | u are married and not fili ur spouse is not filing w . On the top of any additi | ng jointly, and your ith you, do not inclu | spouse de infor | is liv mati | ing with you, incluon about your spo | ude infori use. If m | mation about ore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-f | iling spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ☐ Emplo | • | | |
| | employers. | Occupation | Driver | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | FedEx | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 7600 Caple Driv Northwood, OH | | | | | | |
| | | How long employed t | here? 4 years | 3 | | | | | |
| Pai | rt 2: Give Details About Mo | onthly Income | | | | | | | |
| spoi | imate monthly income as of the output in the course unless you are separated. | • | , | | • | | | • | J |
| | e space, attach a separate sheet to | | | II IOI all e | anpi | byers for that perso | ii oii tiie ii | ines below. II | /ou need |
| | | | | | | For Debtor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, sal deductions). If not paid monthly | | | 2. | \$ | 3,689.12 | \$ | N/A | |
| 3. | Estimate and list monthly over | rtime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add I | ine 2 + line 3. | | 4. | \$ | 3,689.12 | \$ | N/A | |

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

| | 12. | \$_ | 2,857.61 | | | |
|----------|-----|-----|----------|--|--|--|
| Combined | | | | | | |

monthly income

| Do you expect | t an increase or decrease v | vithin the year after | you file this form? |
|---------------------------------|-----------------------------|-----------------------|---------------------|
|---------------------------------|-----------------------------|-----------------------|---------------------|

|--|

Yes. Explain:

Schedule I: Your Income Official Form 106I page 2

| | in this informat | tion to inlantify | | | | İ | | | |
|-------|--------------------------------|--------------------------------------|---------------|---|------------------------|-------------|---------------------------------------|--|------|
| FIII | in this informat | tion to identify yo | ur case: | | | | | | |
| Deb | tor 1 | Michael A. Kı | uhnle, Jr | | | Ch | eck if this is: | | |
| Dob | otor 2 | | | | | | An amended filir | · · | _ |
| ! | ouse, if filing) | | | | | | | nowing postpetition chapte of the following date: | ı |
| | | | | | | | | | |
| Unit | ed States Bankr | uptcy Court for the: | NORTH | ERN DISTRICT OF OHIC |) | | MM / DD / YYYY | , | |
| Cas | e number | | | | | | | | |
| (If k | nown) | | | | | | | | |
| | | | | | |] | | | |
| O | fficial Fo | rm 106J | | | | | | | |
| S | chedule | J: Your E | Exper | ises | | | | 12 | 2/15 |
| | | | | If two married people a | re filing together, be | oth are eq | ually responsible | | |
| | | ore space is nee n). Answer ever | | ch another sheet to this n. | form. On the top of | f any addi | tional pages, write | e your name and case | |
| Par | t 1: Descr | ibe Your House | hold | | | | | | |
| 1. | Is this a join | t case? | | | | | | | |
| | ■ No. Go to | line 2. | | | | | | | |
| | ☐ Yes. Doe s | s Debtor 2 live i | n a separ | ate household? | | | | | |
| | | 0 | | | | | | | |
| | □ Ye | es. Debtor 2 mus | t file Offici | al Form 106J-2, <i>Expense</i> s | s for Separate House | ehold of De | ebtor 2. | | |
| 2. | Do you have | e dependents? | □ No | | | | | | |
| | Do not list De | - | | Fill out this information for | Dependent's relati | ionshin to | Dependent's | Does dependent | |
| | Debtor 2. | Cotor rand | Yes. | each dependent | Debtor 1 or Debto | | age | live with you? | |
| | Do not state | tha | | | | | | □ No | |
| | dependents i | | | | Son | | 11 | ■ Yes | |
| | • | | | | | | | _ □ No | |
| | | | | | Son | | 14 | ■ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | D Yes | |
| | | | | | | | | □ No | |
| 3. | Do your ove | oncos includo | _ | | | | | _ Yes | |
| ა. | | enses include f people other th | nan 🗖 | No | | | | | |
| | • | d your depender | | Yes | | | | | |
| Par | t 2: Estima | ate Your Ongoir | na Monthi | v Expenses | | | | | |
| Est | imate your ex | penses as of yo | ur bankrı | uptcy filing date unless y | | | | hapter 13 case to report | |
| | enses as of a dicable date. | date after the b | ankruptc | y is filed. If this is a supp | olemental Schedule | J, check | the box at the top | o of the form and fill in th | e |
| арр | nicable date. | | | | | | | | |
| | | | | government assistance i luded it on <i>Schedule I:</i> ' | | | | | |
| | ficial Form 10 | | a nave inc | iuded it on <i>Schedule i.</i> | rour income | | Your ex | xpenses | |
| • | | , | | | | | | | |
| 4. | | | | ses for your residence. | nclude first mortgage | e 4. | ¢ | 300.00 | |
| | payments an | d any rent for the | e ground o | r lot. | | ٦. | Ψ | | |
| | If not includ | ed in line 4: | | | | | | | |
| | | state taxes | | | | 4a. | \$ | 0.00 | |
| | • | rty, homeowner's | | | | 4b. | · | 0.00 | |
| | | maintenance, re owner's associati | | pkeep expenses | | 4c. | · | 30.00 | |
| 5. | | | | oominium dues o ur residence, such as ho | me equity loans | 4d. 5. | · · · · · · · · · · · · · · · · · · · | 0.00 | |
| | | | ·-· y | | | ٥. | * | 0.00 | |

| Michael | A. Kuhnle, Jr. | Case no | umb | ber (if known) | |
|-------------------------------------|--|--|--|--|--|
| ities: | | | | | |
| Electricity, | heat, natural gas | 6 | a. | \$ | 240.00 |
| Water, sev | ver, garbage collection | 6 | b. | \$ | 65.00 |
| Telephone | e, cell phone, Internet, satellite, and cable services | 6 | ic. | \$ | 260.00 |
| | | 6 | id. | \$ | 0.00 |
| d and hous | ekeeping supplies | | 7. | \$ | 800.00 |
| | | | 8. | \$ | 0.00 |
| | | | | | 85.00 |
| • | | | | · | 100.00 |
| - | | | | · | 100.00 |
| | • | • | | * | 100.00 |
| • | • . | 1 | 2. | \$ | 300.00 |
| | | books 1 | 3. | \$ | 30.00 |
| aritable cont | ributions and religious donations | 1 | 4. | \$ | 10.00 |
| urance. | · · | | | | |
| not include in | surance deducted from your pay or included in line | s 4 or 20. | | | |
| . Life insura | nce | 15 | a. | \$ | 0.00 |
| . Health ins | urance | 15 | b. | \$ | 0.00 |
| . Vehicle in | surance | 15 | ic. | \$ | 146.00 |
| . Other insu | rance. Specify: | 15 | id. | \$ | 0.00 |
| es. Do not in | clude taxes deducted from your pay or included in | ines 4 or 20. | | | |
| ecify: | | 1 | 6. | \$ | 0.00 |
| | | | | | |
| | | | | · | 285.00 |
| . , | | | | \$ | 0.00 |
| | | | | \$ | 0.00 |
| • | | | ď. | \$ | 0.00 |
| | | | 0 | ¢ | 0.00 |
| | | 101ai i 01111 1001 <i>j</i> . | ο. | · · | |
| | s you make to support others who do not live w | • | _ | a | 0.00 |
| , <u> </u> | arty avenues not included in lines 4 or 5 of this | | - | ! | |
| | | | | | 0.00 |
| | | | | · | 0.00 |
| | | | | · | 0.00 |
| | • | | | · | 0.00 |
| | | | | · | 0.00 |
| | | | | · | 0.00 |
| er: Specify: | School Lunches | 2 | :1. | +\$ | 100.00 |
| culate vour i | monthly expenses | | | | |
| - | | | | \$ | 2,851.00 |
| | · · | cial Form 106J-2 | | | |
| | | Mai 1 01111 1000 E | | · ——— | 2.054.00 |
| . Add lifte 22 | a and 22b. The result is your monthly expenses. | | | Φ | 2,851.00 |
| culate your i | monthly net income. | | | | |
| . Copy line | 12 (your combined monthly income) from Schedule | I. 23 | a. | \$ | 2,857.61 |
| . Copy your | monthly expenses from line 22c above. | 23 | b. | -\$ | 2,851.00 |
| | | | 1 | | · |
| | | 00 | | Φ. | 6.64 |
| The result | is your monthly net income. | 23 | SC. | Ф | 6.61 |
| example, do yo lification to the | ou expect to finish paying for your car loan within the year | | | | e or decrease because of a |
| No. | | | | | |
| Yes. | Explain here: | | | | |
| | ities: Electricity, Water, sey Telephone Other. Spe d and house Idcare and c Ithing, laund Isonal care p Idical and dei Insportation. Inot include caertainment, Inot include ins. Itie insura Itie in | Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. Include car payments. Include contributions and religious donations Irrance. Include insurance deducted from your pay or included in line Life insurance I belath insurance I belath insurance I belath insurance I car payments for Vehicle 1 I car payments for Vehicle 1 I car payments for Vehicle 2 I Other. Specify: I other. Specify: I other. Specify: I other. Specify: I rayments of alimony, maintenance, and support that you uccted from your pay on line 5, Schedule 1, Your Income (Offer payments you make to support others who do not live with cify: I real property expenses not included in lines 4 or 5 of this I Mortgages on other property I Real estate taxes I Property, homeowner's, or renter's insurance I Maintenance, repair, and upkeep expenses I Homeowner's association or condominium dues I property: I car payments of the property I can be a through 21. I copy line 22 (monthly expenses for Debtor 2), if any, from Offic I add line 22 and 22b. The result is your monthly expenses. I coulate your monthly net income. I copy line 12 (your combined monthly income) from Schedule I copy your monthly expenses from line 22c above. I subtract your monthly expenses from your monthly income. I copy ou expect an increase or decrease in your expenses withir example, do you expect to finish paying for your car loan within the year officiation to the terms of your mortgage? I do not be terms of your mortgage? I do not rain face to decrease in your expenses withir example, do you expect to fi | Ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies Idicare and children's education costs Ithing, laundry, and dry cleaning sonal care products and services ifical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. Include car payments. Include insurance deducted from your pay or included in lines 4 or 20. Life insurance If health insurance If health insurance If health insurance If health insurance If car payments for Vehicle 1 If car payments for Vehicle 1 If car payments for Vehicle 1 If car payments for Vehicle 2 If cother. Specify: If payments of alimony, maintenance, and support that you did not report as ucted from your pay pay on include with you. If it is form your pay on line 5, Schedule I, Your Income (Official Form 106I). If er real property expenses not included in lines 4 or 5 of this form or on Schedule I: Mortgages on other property If er real property expenses not included in lines 4 or 5 of this form or on Schedule I: Mortgages on other property If er real property expenses not included in lines 4 or 5 of this form or on Schedule I: Mortgages on other property If er real property expenses not included in lines 4 or 5 of this form or on Schedule I: Mortgages on other property If er real property expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22 and 22b. The result is your monthly expenses. Copy line 12 (your combined monthly income) from Schedule I. Copy line 22 (monthly expenses from Jour ar loan within the year of do you expect your mortgage; If the property is payments from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly expenses from your acloan within the year of do you expect your mortgage; Incompleted the payment of the payment of the your down on the payment of your expenses within the year after you file texa | Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 6d. and housekeeping supplies 7. Ideare and children's education costs 8. Ithing, laundry, and dry cleaning 9. sonal care products and services 10. Idical and dental expenses 11. Insportation. Include gas, maintenance, bus or train fare. Incit include car payments. Insportation. Include gas, maintenance, bus or train fare. Incit include car payments. Intriable contributions and religious donations Iritable contributions Include insurance deducted from your pay or included in lines 4 or 20. I. Life insurance 15c. Other insurance 15c. Other insurance 25c. Sonal include taxes deducted from your pay or included in lines 4 or 20. Incitical and dental expenses 15c. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Other. Specify: Proyments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). In payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). In payments of alimony, maintenance, and support that you did not report as 10. In payments of a secondary of the support of th | Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: dand housekeeping supplies dand housekeeping supplies dand housekeeping supplies dand housekeeping supplies sonal care products and services 10. \$ Idicare and children's education costs thing, laundry, and dry cleaning sonal care products and services 110. \$ Idicare and dental expenses sonal care products and services 110. \$ Idicare and dental expenses Int. \$ Insportation. Include gas, maintenance, bus or train fare. Inclincide car payments. Include insurance deducted from your pay or included in lines 4 or 20. I. If insurance Include insurance deducted from your pay or included in lines 4 or 20. I. If insurance Include insurance Includ |

| Fill in this inform | nation to identify your | case: | | |
|---------------------------------|--|---|----------------------------------|--|
| Debtor 1 | Michael A. Kuhnl | e, Jr. | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRIC | T OF OHIO | |
| Case number(if known) | | | | ☐ Check if this is an amended filing |
| Official Form Declarat | | ın Individua | l Debtor's Sche | edules 12/15 |
| years, or both. 18 | or property by fraud ii 3 U.S.C. §§ 152, 1341, 1 1 Below | n connection with a ban 519, and 3571. | kruptcy case can result in fine | es up to \$250,000, or imprisonment for up to 20 |
| Did you pay | or agree to pay some | one who is NOT an atto | rney to help you fill out bankro | ruptcy forms? |
| ■ No | | | | |
| ☐ Yes. N | lame of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | ty of perjury, I declare true and correct. | that I have read the sur | nmary and schedules filed with | th this declaration and |
| X /s/ Mich | nael A. Kuhnle, Jr. | | X | |
| Michae | I A. Kuhnle, Jr. e of Debtor 1 | | Signature of Debto | for 2 |
| Date <u>J</u> | anuary 15, 2020 | | Date | |
| | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill in this infor | mation to identify you | r casa: | | | |
|--------------------------------------|---|--|---|--|---|
| | | | | | |
| Debtor 1 | Michael A. Kuhr | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT (| OF OHIO | | |
| Case number | | | | _ | a. |
| (if known) | | | | | Check if this is an amended filing |
| | | | | | 3 |
| Official Fo | rm 107 | | | | |
| | | Affairs for Individ | duals Filing for B | ankruntov | 4/19 |
| information. If r number (if know | nore space is needed, n). Answer every que | ible. If two married people a attach a separate sheet to stion. arital Status and Where You | this form. On the top of an | | |
| 1. What is you | ur current marital statu | ıs? | | | |
| _ | | | | | |
| ☐ Married ■ Not ma | | | | | |
| | | | | | |
| 2. During the | last 3 years, have you | lived anywhere other than | where you live now? | | |
| □ No | | | | | |
| ■ Yes. Li | st all of the places you | ived in the last 3 years. Do no | ot include where you live now | <i>I</i> . | |
| Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | Idress: | Dates Debtor 2 lived there |
| 1205 Sea Toledo, C | | From-To: | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: |
| states and territo | <i>rie</i> s include Arizona, Ca | ver live with a spouse or leg lifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (O | vada, New Mexico, Puerto R | | |
| Part 2 Expla | ain the Sources of You | ır Income | | | |
| LXPIC | in the oddress of roc | ii iiicome | | | |
| Fill in the to | tal amount of income yo | nployment or from operating received from all jobs and a have income that you received | all businesses, including part | -time activities. | endar years? |
| □ No | | | | | |
| Yes. F | ill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | l of current year until ed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$900.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| Official Form 107 | | Statement of Financial Aff | airs for Individuals Filing for B | ankruptcy | page 1 |

20-30113-maw Doc 1 FILED 01/16/20 ENTERED 01/16/20 12:25:31 Page 33 of 53

| Debtor 1 Michael A. Kuhnle, Jr. | | | Kuhnle, Jr. | | Case number (if known) | | | | |
|---------------------------------|---------------|--------------------------------|--|---|---|---|-------------------|---|--|
| | | | | | | | | | |
| | | | | Debtor 1 | | Debtor 2 | | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco Check all that ap | | Gross income (before deductions and exclusions) | |
| | | endar year: to December | 31, 2019) | ■ Wages, commissions, bonuses, tips | \$44,269.38 | ☐ Wages, comm bonuses, tips | nissions, | | |
| | | | | ☐ Operating a business | | ☐ Operating a b | usiness | | |
| | | endar year be to December | | ■ Wages, commissions, bonuses, tips | \$43,129.75 | ☐ Wages, common bonuses, tips | nissions, | | |
| | | | | ☐ Operating a business | | ☐ Operating a b | usiness | | |
| | ■ No | | C | ome from each source separat | tely. Do not include income t | nat you listed in line | 4. | | |
| | | | | Debtor 1 | | Debtor 2 | | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | me | Gross income (before deductions and exclusions) | |
| Pa | rt 3: L | ist Certain Pa | ayments You | Made Before You Filed for I | Bankruptcy | | | | |
| 6. | Are eith ☐ No | n. Neither D individual | ebtor 1 nor E primarily for a e 90 days befo Go to line 7 List below e paid that cr | each creditor to whom you paideditor. Do not include paymen | d you pay any creditor a tota d a total of \$6,825* or more its for domestic support oblig | I of \$6,825* or more n one or more payn | e? nents and t | he total amount you | |
| | | * Subject | | payments to an attorney for the ton 4/01/22 and every 3 years | | or after the date of | adjustment | | |
| | ■ Ye | | | or both have primarily consure you filed for bankruptcy, die | | I of \$600 or more? | | | |
| | | ■ No. | Go to line 7 | | | | | | |
| | | □ Yes | include pay | each creditor to whom you pai ments for domestic support ol this bankruptcy case. | | | | | |
| | Credite | or's Name an | d Address | Dates of payme | nt Total amount paid | Amount you still owe | Was this p | payment for | |
| | | | | | p u | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | |
|-----|--|--|--|---|-----------------------------------|-------------------------------------|--|--|
| | ■ No | | | | | | | |
| | Yes. List all payments to an insider. | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | |
| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | | | |
| | No | | | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | this payment ditor's name | | |
| Par | t 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title Case number City of Toledo vs. Michael A. Kuhnle, Jr. CVF-19-21395 Mohamed S. Kassem vs. Michael | | | n suits, paternity pal Court pet 104 | | ne case geal ded | | |
| | A. Kuhnle, Jr. CVG-19-07713 | | 555 N. Erie Street Toledo, OH 43604 | | ☐ On appeal ☐ Concluded Judgment | | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address | | rty repossessed, fo | oreclosed, garn | ished, attache | d, seized, or levied? Value of the | | |
| | | Explain what happened | | | property | | | |
| | Global Lending Service PO Box 10437 Greenville, SC 29603 | 2018 Hyundai Elantra ■ Property was reposses □ Property was foreclose | ssed. | 8/20 | 019 | \$10,000.00 | | |
| | | ☐ Property was garnished. ☐ Property was attached, seized or levied. | | | | | | |
| | | - I Topolity was attached | , JUIZUU UI IEVIEU. | | | | | |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Debtor 1 Michael A. Kuhnle, Jr.

| Debtor 1 Michael A. Kuhnle, Jr. | | | | Case number (if known) | | | | | |
|---------------------------------|---|---|----------|--|---|---------------------------|--|--|--|
| | | | | | | | | | |
| 11. | | 00 days before you filed for bank is or refuse to make a payment b | | did any creditor, including a bank or financial in you owed a debt? | stitution, set off any | amounts from your | | | |
| | _ | s. Fill in the details. | | | | | | | |
| | Credito | or Name and Address | Des | scribe the action the creditor took | Date action was taken | Amount | | | |
| 12. | 2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes | 3 | | | | | | | |
| Pai | t 5: Li | st Certain Gifts and Contribution | s | | | | | | |
| 13. | ■ No | | | | | | | | |
| | | ith a total value of more than \$60 | 0 | Describe the gifts | Dates you gave | Value | | | |
| | per per | | | Dood in gine | the gifts | raido | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No | | | | | | | | |
| | Gifts or more the Charity | s. Fill in the details for each gift or c r contributions to charities that t nan \$600 r's Name is (Number, Street, City, State and ZIP Code | otal | Describe what you contributed | Dates you contributed | Value | | | |
| Pai | | st Certain Losses | | | | | | | |
| 15. | Within 1 | | ptcy or | since you filed for bankruptcy, did you lose any | thing because of the | ft, fire, other disaster, | | | |
| | ■ No | s. Fill in the details. | | | | | | | |
| | Describ | be the property you lost and | Descri | be any insurance coverage for the loss | Date of your | Value of property | | | |
| | how the loss occurred Inclu | | | the amount that insurance has paid. List pending ace claims on line 33 of Schedule A/B: Property. | loss | lost | | | |
| Pai | t 7: Li | st Certain Payments or Transfers | 3 | | | | | | |
| 16. | consult | ed about seeking bankruptcy or | preparir | d you or anyone else acting on your behalf pay ng a bankruptcy petition? s, or credit counseling agencies for services require | | erty to anyone you | | | |
| | | | | | | | | | |
| | □ No | . Fill in the detaile | | | | | | | |
| | | s. Fill in the details. Who Was Paid | | Description and value of any property | Date navment | Amount of | | | |
| | Address Email or website address Person Who Made the Payment, if Not You | | ou" | transferred | Date payment or transfer was made | payment | | | |
| | | vising, Inc. | | Credit Counseling | 1/14/2020 | \$10.00 | | | |
| | | | | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

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Best Case Bankruptcy

| 17. | | ankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who ar creditors or to make payments to your creditors? er that you listed on line 16. | | | |
|---|--|---|--|---|-------------------------------|
| | Person Who Was Paid Address | Description and value of a transferred | ny property | Date payment or transfer was made | Amount of payment |
| Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). I include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and value of property transferred | payme | nts received or debts | Date transfer was made |
| 19. | | 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of viary? (These are often called asset-protection devices.) | | of which you are a | |
| | Name of trust | Description and value of t | he property transf | erred | Date Transfer was made |
| | sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associated No Yes. Fill in the details. | were any financial accounts on the financial accounts; certitions, and other financial inst | r instruments held ficates of deposit itutions. | d in your name, or for yo | unions, brokerage |
| | | ccount number instrur | nent | closed, sold, moved, or | before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? No Yes. Fill in the details. | No | | itory for securities, | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it Address (Number, Street, City, State and ZIP Code) | ? Describe t | he contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had acce to it? Address (Number, Street, City, State and ZIP Code) | payments received or debts paid in exchange ty to a self-settled trust or similar device of which you are a the property transferred Date Transfer was made and Storage Units or instruments held in your name, or for your benefit, closed, ficates of deposit; shares in banks, credit unions, brokerage itutions. If account or closed, sold, moved, or transferred otcy, any safe deposit box or other depository for securities, Poscribe the contents Do you still have it? | | |
| | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No | Par | t 9: Identify Property You Hold or Control for | Someone Else | | | | |
|--|-----|--|---|--|-----------------------|--|--|
| Yes. Fill in the details. Where is the property? Walue Address (humber, Street, City, State and ZIP Code) Where is the property? Walue Address (humber, Street, City, State and ZIP Code) Walue Address (humber, Street, City, State and ZIP Code) Walue Address (humber, Street, City, State and ZIP Code) Walue Address (humber, Street, City, State and ZIP Code) Walue Address (humber, Street, City, State and ZIP Code) Walue Code) Wa | 23. | | ne else owns? Include any proper | rty you borrowed from, are storing fo | or, or hold in trust | | |
| Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? Number, Street, City, State and ZIP Code) Where is the property? Number, Street, City, State and ZIP Code) Part 103 Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material. | | No | | | | | |
| Address (Number, Street, City, State and ZIP Code) Code) | | Yes. Fill in the details. | | | | | |
| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No | | | (Number, Street, City, State and ZIP | Describe the property | Value | | |
| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Sike means any location, facility, or properly as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes, Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes, Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes, Fill in the details. Case Title Court or agency Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) As sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time An ember of a limited li | Par | t 10: Give Details About Environmental Informa | ation | | | | |
| toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) | For | the purpose of Part 10, the following definitions | apply: | | | | |
| to own, operate, or utilize it, including disposal sites. ### ### ############################ | | toxic substances, wastes, or material into the a | ir, land, soil, surface water, ground | - · | | | |
| hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No | | | | law, whether you now own, operate, | or utilize it or used | | |
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No | | · · · · · · · · · · · · · · · · · · · | | s waste, hazardous substance, toxic | substance, | | |
| ■ No | Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of whe | n they occurred. | | | |
| Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State an | 24. | Has any governmental unit notified you that you | u may be liable or potentially liable | e under or in violation of an environn | nental law? | | |
| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Steet, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Steet, City, State and ZIP Code) Andress (Number, Street, City, State and ZIP Code) A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation | | | | | | | |
| No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Case Number Case Number Case Number State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation | | | Address (Number, Street, City, State an | | Date of notice | | |
| Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Date of notice | 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | |
| Address (Number, Street, City, State and ZIP Code) No State and ZIP Code) No State and ZIP Code) No State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Nature of the case Status of the case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation | | | | | | | |
| No Yes. Fill in the details. Case Title Case Number Case Number Case Number Case Number Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation | | | Address (Number, Street, City, State an | | Date of notice | | |
| ☐ Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Nature of the case Status of the case Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ Apartner in a partnership ☐ An officer, director, or managing executive of a corporation | 26. | Have you been a party in any judicial or adminis | strative proceeding under any env | ironmental law? Include settlements | and orders. | | |
| Case Number Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation | | _ | | | | | |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation | | | Name Address (Number, Street, City, | Nature of the case | | | |
| □ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation | Par | rt 11: Give Details About Your Business or Connections to Any Business | | | | | |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation | 27. | Within 4 years before you filed for bankruptcy, o | did you own a business or have ar | ny of the following connections to ar | y business? | | |
| ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation | | ☐ A member of a limited liability company | (LLC) or limited liability partnersh | nip (LLP) | | | |
| ☐ An officer, director, or managing executive of a corporation | | <u> </u> | ••• | , | | | |
| | | <u> </u> | tive of a corporation | | | | |
| An owner of at least 5% of the voting of equity securities of a corporation | | ☐ An owner of at least 5% of the voting or | - | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deni | or i Michael A. Kunnie, Jr. | C | ase number (if known) |
|------------------|--|--|---|
| | | | |
| i | No. None of the above applies. Go to I | Part 12. | |
| ľ | Yes. Check all that apply above and fill | I in the details below for each business. | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | (Number, Street, City, State and 21r Code) | Name of accountant or bookkeeper | Dates business existed |
| i | Within 2 years before you filed for bankrup nstitutions, creditors, or other parties. ■ No □ Yes. Fill in the details below. | tcy, did you give a financial statement to a | anyone about your business? Include all financial |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | |
| Part | 12: Sign Below | | |
| are tr vith a | | false statement, concealing property, or | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both. |
| /s/ N | lichael A. Kuhnle, Jr. | | |
| | hael A. Kuhnle, Jr. ature of Debtor 1 | Signature of Debtor 2 | |
| Date | January 15, 2020 | Date | |
| Did y | ou attach additional pages to Your Stateme | ent of Financial Affairs for Individuals Fili | ng for Bankruptcy (Official Form 107)? |
| ■ No | | | |
| | | | |
| ola y ■ No | ou pay or agree to pay someone who is no | t an attorney to neip you till out bankrupt | cy torms? |
| ∃Ye | es. Name of Person Attach the Bankru | uptcy Petition Preparer's Notice, Declaration, | and Signature (Official Form 119). |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 | Michael A. Kuhnl | e, Jr. | | |
|-------------------------------------|---|---------------------|--|---|
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DIS | STRICT OF OHIO | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official Fo | rm 100 | | | |
| | | n for Indi | viduals Filing Under Chapt | or 7 |
| Stateme | iii oi iiileiilio | ii ioi iiiui | viduals Filing Under Chapte | er / 12/15 |
| If you are an ind | lividual filing under cha | oter 7, you must fi | ill out this form if: | |
| | e claims secured by yo | | | |
| | sed personal property a | | not expired. r you file your bankruptcy petition or by the date s | et for the meeting of creditors |
| | ever is earlier, unless th | | ne time for cause. You must also send copies to the | |
| | eople are filing together nd date the form. | in a joint case, b | oth are equally responsible for supplying correct i | nformation. Both debtors must |
| | and accurate as possib our name and case nur | | is needed, attach a separate sheet to this form. On | the top of any additional pages, |
| Part 1: List Y | our Creditors Who Have | e Secured Claims | | |
| 1. For any credi | | art 1 of Schedule I | D: Creditors Who Have Claims Secured by Propert | y (Official Form 106D), fill in the |
| | reditor and the property t | nat is collateral | What do you intend to do with the property tha secures a debt? | t Did you claim the property as exempt on Schedule C? |
| | | | Scource a dest. | as exempt on solicatio 5. |
| Creditor's | Nationwide Auto Fina | nce | ☐ Surrender the property. | ■ No |
| name: | | | Retain the property and redeem it. | — NO |
| Description of | f 2010 Jeep Cherok | ee 161,000 | Retain the property and enter into a | ☐ Yes |
| property | miles | | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt | i: | | | _ |
| Part 2: List Y | our Unexpired Persona | I Property Leases | | |
| in the information | on below. Do not list rea | l estate leases. U | I in Schedule G: Executory Contracts and Unexpir nexpired leases are leases that are still in effect; the the trustee does not assume it. 11 U.S.C. § 365(p) | ne lease period has not yet ended. |
| Describe your | unexpired personal pro | nerty leases | | Will the lease be assumed? |
| _ | unexpired personal pro | ourly loaded | | Will the lease be assumed. |
| Lessor's name: Description of le | eased | | | □ No |
| Property: | | | | ☐ Yes |
| Lessor's name: | | | | □ No |
| Description of le | eased | | | |
| Property: | | | | ☐ Yes |
| Lessor's name: | | | | □ No |
| Official Form 108 | 3 | Statement of I | ntention for Individuals Filing Under Chapter 7 | page 1 |

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Best Case Bankruptcy

| Debtor 1 Michael A. Kuhnle, Jr. | Case number (if known) |
|--|---|
| Description of leased Property: | ☐ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about property that is subject to an unexpired lease. | ut any property of my estate that secures a debt and any personal |
| X /s/ Michael A. Kuhnle, Jr. Michael A. Kuhnle, Jr. Signature of Debtor 1 | Signature of Debtor 2 |
| Date January 15, 2020 Da | ate |

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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| Fill in | this information to identify your case: | | | eck one box only as d 2A-1Supp: | irected in this form and | in Form |
|--|--|--|-------------------------------------|---|--|----------------------------------|
| Debto | Michael A. Kuhnle, Jr. | | | zA-13upp. | | |
| Debto (Spous | or 2 e, if filing) | | | ■ 1. There is no pres | umption of abuse | |
| Unite | d States Bankruptcy Court for the: Northern District of | Ohio | | | o determine if a presur | |
| 0 | | | | | nade under <i>Chapter 7 :</i> icial Form 122A-2). | Means Lest |
| (if know | number | | | | does not apply now be service but it could ap | |
| | | | | ☐ Check if this is a | n amended filing | |
| Offi | cial Form 122A - 1 | | | | | |
| Cha | apter 7 Statement of Your Cur | rent Mor | nthly Inc | ome | | 12/19 |
| attach case n | complete and accurate as possible. If two married people a a separate sheet to this form. Include the line number to w umber (if known). If you believe that you are exempted fror ing military service, complete and file <i>Statement</i> of <i>Exemp</i> 1: Calculate Your Current Monthly Income | hich the additior n a presumption | nal information a of abuse becau | applies. On the top of ai ise you do not have prir | ny additional pages, writ narily consumer debts o | te your name and or because of |
| 1. \ | What is your marital and filing status? Check one on | ly. | | | | |
| 1 | Not married. Fill out Column A, lines 2-11. | | | | | |
| ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. | | | | | | |
| l | \square Married and your spouse is NOT filing with you. $`$ | ou and your s | spouse are: | | | |
| | ☐ Living in the same household and are not lega | lly separated. | Fill out both Co | lumns A and B, lines 2 | 2-11. | |
| | Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading | gally separated | d under nonbar | kruptcy law that applie | es or that you and your | |
| 101 the | in the average monthly income that you received from all state (10A). For example, if you are filing on September 15, the 6-miles from the same for all 6 months, add the income for all 6 months and divide the total buses own the same rental property, put the income from that property. | onth period would by 6. Fill in the res | be March 1 throsult. Do not include | ugh August 31. If the amo de any income amount m | ount of your monthly incomore than once. For examp | ne varied during ble, if both |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| | Your gross wages, salary, tips, bonuses, overtime, a payroll deductions). | and commission | ons (before all | \$ 3,689.12 | \$ | |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | payments from | a spouse if | \$ 0.00 | \$ | |
| f | All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3. | Include regular, your depende | contributions nts, parents, | \$0.00 | \$ | |
| 5. I | Net income from operating a business, profession, | | | | | |
| | | | otor 1 | | | |
| | Gross receipts (before all deductions) | \$ 0.00 -\$ 0.00 | | | | |
| | Ordinary and necessary operating expenses | | Copy here -> | \$ 0.00 | \$ | |
| | Net monthly income from a business, profession, or farr Net income from rental and other real property | n \$ | oopy nere -> | —————————————————————————————————————— | Ψ | |
| 0. 1 | Net income from rental and other real property | Deb | otor 1 | | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | | | |
| i | Ordinary and necessary operating expenses | -\$ 0.00 | | | | |
| | Net monthly income from rental or other real property | \$ 0.00 | Copy here -> | \$ | \$ | |
| | Interest, dividends, and royalties | | | \$ 0.00 | \$ | |

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

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By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Michael A. Kuhnle, Jr.

Michael A. Kuhnle, Jr.

Signature of Debtor 1

Date January 15, 2020

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

Best Case Bankruptcy

| Debtor 1 | Michael A. Kuhnle, Jr. | Case number (if known) | |
|----------|------------------------|------------------------|--|
| | MM / DD / YYYY | | |

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| _ | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy fo

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

| In r | Michael A. Kuhnle, Jr. | | Case No. | | |
|-------|--|---|---|--|--|
| 111 1 | - mondon / a realimo, on | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMI | PENSATION OF ATTOR | NEY FOR DE | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplating | filing of the petition in bankruptcy, or | r agreed to be paid | to me, for services rendered or to | |
| | For legal services, I have agreed to accept | | \$ | 900.00 | |
| | Prior to the filing of this statement I have receive | | | 0.00 | |
| | Balance Due | | | 900.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed co | ompensation with any other person ur | nless they are mem | bers and associates of my law firm. | |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. | | | | |
| 5. | In return for the above-disclosed fee, I have agreed | to render legal service for all aspects of | of the bankruptcy c | ase, including: | |
| | a. Analysis of the debtor's financial situation, and reb. Preparation and filing of any petition, schedules, c. Representation of the debtor at the meeting of cred. [Other provisions as needed] Negotiations with secured creditors reaffirmation agreements and applic 522(f)(2)(A) for avoidance of liens on | statement of affairs and plan which neditors and confirmation hearing, and to reduce to market value; exenations as needed; preparation a | nay be required; any adjourned hea nption planning; | rings thereof; preparation and filing of | |
| 6. | By agreement with the debtor(s), the above-disclose Representation of the debtors in any any other adversary proceeding. | | | es, relief from stay actions or | |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of pankruptcy proceeding. | f any agreement or arrangement for p | ayment to me for re | epresentation of the debtor(s) in | |
| | anuary 15, 2020 | /s/ Edward L. Schir | nmel | | |
| 1 | Date | Edward L. Schimm | el 0076856 | | |
| | | Signature of Attorney Law Office of Edwa | ard L. Schimmel | | |
| | | 715 S. Coy Rd. | | | |
| | | Oregon, OH 43616 (419) 693-0911 Fa | v· 1_866_353_360 | 7 | |
| | | Schimmel@Northw | | , | |
| | | Name of law firm | | | |
| | | | | | |

United States Bankruptcy Court Northern District of Ohio

| in re | Michael A. Kunnie, Jr. | | Case No. | |
|--------|-------------------------------------|--|-------------------|-----------------------|
| | | Debtor(s) | Chapter | 7 |
| | VERI | FICATION OF CREDITOR N | MATRIX | |
| Γhe ab | ove-named Debtor hereby verifies th | nat the attached list of creditors is true and co. | rrect to the best | of his/her knowledge. |
| Date: | January 15, 2020 | /s/ Michael A. Kuhnle, Jr. Michael A. Kuhnle, Jr. | | |
| | | Signature of Debtor | | |

Ahmad Kassem, Esq. Po Box 350672 Toledo, OH 43635

Capital One Po Box 6492 Carol Stream, IL 60197

City of Toledo Dept. of Taxation One Government Center Suite 2070 Toledo, OH 43604

CNAC IN101 12802 Hamilton Crossing Blvd Carmel, IN 46032

Commonwealth Financial 245 Main Street Scranton, PA 18519

Credit One Bank Po Box 98872 Las Vegas, NV 89193

Dept. of Ed./Nelnet 3015 Parker Road Suite 400 Aurora, CO 80014

First Premier Bank 3820 N. Louise Ave. Sioux Falls, SD 57107

Global Lending Service PO Box 10437 Greenville, SC 29603

JEFFREY COLTURI, ESQ. ONE GOVERNMENT CENTER SUITE 2070 TOLEDO, OH 43604 KeyBridge Po Box 1568 Lima, OH 45802

Kohls Po Box 2983 Milwaukee, WI 53201

KRISHNA VELAYUDHAN, ESQ. 4645 Executive Dr Columbus, OH 43220

LVNV Funding Po Box 10497 Greenville, SC 29603

Merchants Finance Co. 6073 W. 44th Ave., Ste. 305 Wheat Ridge, CO 80033

Merrick Bank Po Box 1500 Draper, UT 84020

Mohamed S. Kassem Po Box 350672 Toledo, OH 43635

Nationwide Auto Finance 2121 Woodville Road Oregon, OH 43616

NCB Management Services

Portfolio Recovery 120 Corporate Blvd., 100 Norfolk, VA 23502

Rise Credit P.O. Box 679900 Dallas, TX 75267 St. Vincent Hospital Po Box 630584 Cincinnati, OH 45263

Synchrony Bank Po Box 960061 Orlando, FL 32896

Toledo Hospital Po Box 630346 Cincinnati, OH 45263

Verizon Wireless Po Box 26055 Minneapolis, MN 55426